

Provider Request for Termination Form

Fax completed form to: (614) 234-8673

Office Practice Contact Person	Phone Number
Fax Number	Email Address
Provider Name	Provider NPI
Group Practice Name	Tax ID
Effective Date With Practice	
Provider Termination Information	
Provider Name	Provider NPI
Group/Practice Name	Group NPI
Date of Termination	
Provider Name	Provider NPI
Provider ivallie	Flovider INFI
Group/Practice Name	Group NPI
Date of Termination	

If you have any questions, contact our Provider Service Center at (614) 546-3138 or 800-991-9907.

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